## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 1955580 FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
		<del>  ,                                     </del>					51						-
2		-	<b></b>				52						
		13		<del>    -     -                            </del>			53						_
	•	2		-			54						_
;							55						4
7		9		<del>                                      </del>			56 57		<b></b>				4
		(1)		1			58						┨
			1	-			59						┨
0							60						ł
1		Š.					61						t
2		2					62						†
3							63						t
1		$\mathcal{H}$					64						I
5		$\mathcal{H}$					65						I
7		X					66						1
3		3		-			67 68						1
5		(1)					69						Ŧ
)		6					70						ł
		0					71						t
2		0					72						t
3		0					73				-	77	t
1		Q					74						t
5		AD.					75						Ī
5 7		<del>///</del>					76						L
3							77						ļ
<del>,</del>				+			78 79						Į.
5	***						80						╀
							81						ŀ
2							82						ŀ
3							83						t
							84						t
							85						r
5							86						Γ
<u>'</u>							87						
							88						Ļ
7							89 90						Ł
							91						┞
2			,				92						ŀ
							93						r
Ц.							94						r
							95						r
							96						Γ
							97						ſ
							98						Ĺ
							99						Ĺ
\L			$-\gamma$				100						L
		4	اركما	4		1	TOTAL IND.		4		1		ĺ
AL		_	MM	_ I			TOTAL		_		_, <b>*</b>   }		l
	•	7	21	7		7	DEP.		7		<del>-</del>		
AL MS		23	29				TOTAL CLAIMS						100